

**CHILDREN'S SPECIAL HEALTH**  
*A Program for Children with Special Health Care Needs*  
(307) 777-7941 or 1-800-438-5795



**Diagnostic Evaluation Policy**

**Coverage:**

- Your child has been approved for an appointment to attempt to establish or confirm a diagnosis with the physician listed on the enclosed letter.
- If recommended, one follow up with the same physician will be covered.
- Any additional visits must be requested by the physician and be pre-approved.
- Tests for research not covered.

**Medications:**

- Not covered.

**Requirements:**

- The initial, and if recommended, follow up visit must be completed within six months.

**Billing Procedures:**

- Report all hospital and/or medical benefits/insurance to the physician or hospital.
- Children's Special Health (CSH) will not pay until all hospital and/or medical benefits/insurance have been billed. CSH requires any hospital and/or medical benefits that you receive **be paid toward** the cost of your child's medical care. If you do not comply, CSH cannot make any payments and will close your case.
- Please call your PHN/Care Coordinator in advance if your hospital and/or medical benefits change or end.
- Have the health care provider's office send the bill to ACS, P.O. Box 547, Cheyenne, WY 82003- 0547. The telephone number for ACS is 1-800-251-1269 or 307-772-8400.
- **Only Wyoming Medicaid enrolled providers can be paid.**
- **If you receive repeated requests for payment for CSH authorized services, please contact your PHN/Care Coordinator.**
- If money is received by the family through donations, legal actions, third party payer, or other sources for services that the State of Wyoming has paid, the State of Wyoming may seek reimbursement from you.

**If you have questions about your CSH coverage, contact your PHN/Care Coordinator.**

**Right to Appeal:**

- *Any CSH applicant/recipient has the right to appeal a CSH decision.* To appeal this decision, you must make the request to the Community and Family Health Division in writing.
- You may represent yourself; use legal counsel, a relative, a friend or other spokesperson.
- The written request must contain:
  1. Your name, address and telephone number
  2. The reason for the request including the nature of the Division action, order, or determination being contested.
  3. The request shall be mailed or personally delivered to the Division within 30 days of the date the notice of action is sent to you.
  4. The written response must be delivered to the following address:

Wyoming Children's Special Health  
Community and Family Health Division  
4020 House Avenue  
Cheyenne, Wyoming 82002

This publication is available in an alternative format upon request by calling (307) 777-7941.